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**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

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Complete if Known

Applicati n Number	Unknown 10/751,219
Filing Date	Even Date Herewith 1/2/04
First Named Inventor	Hendrickson, Leslie
Group Art Unit	Unknown 3634
Examiner Name	Strimbu, Gregory

Sheet 1 of 1

Attorney Docket No: 1261.001US3

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Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ⁴
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EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional) 2 Applicant is to place a check mark here if English language translation is attached